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SERIAL NUMBER 10/087,929	FILING DATE 03/01/2002 RULE	CLASS 514	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. 202.8
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APPLICANTS

Clarence N. Ahlem, San Diego, CA;

Christopher Reading, San Diego, CA;
 James Frincke, San Diego, CA; Dwight Stickney, Granite Bay, CA;
 Henry A. Lardy, Madison, WI;
 Padma Marwah, Middleton, WI;
 Ashok Marwah, Middleton, WI;
 Patrick T. Prendergast, Straffan, IRELAND;

** CONTINUING DATA *****
Q8

This application is a CIP of 09/675,470 09/28/2000 ABN
 which claims benefit of 60/161,453 10/25/1999
 and claims benefit of 60/272,624 03/01/2001
 and claims benefit of 60/323,016 09/11/2001 *
 and claims benefit of 60/340,045 11/30/2001 ABN *
 and claims benefit of 60/328,738 10/11/2001
 and claims benefit of 60/338,015 11/08/2001
 and claims benefit of 60/343,523 12/20/2001
 and is a CIP of 09/820,483 03/29/2001
 which is a CIP of 09/535,675 03/23/2000 PAT 6,667,299
 which claims benefit of 60/126,056 03/23/1999 *
 and claims benefit of 60/124,087 03/11/1999
 and is a CIP of 09/449,004 11/24/1999 ABN
 which claims benefit of 60/109,923 11/24/1998
 and is a CIP of 09/449,184 11/24/1999 ABN
 which claims benefit of 60/109,924 11/24/1998
 and is a CIP of 09/449,042 11/24/1999 ABN
 which claims benefit of 60/110,127 11/27/1998
 and is a CIP of 09/461,026 12/15/1999 ABN
 which claims benefit of 60/112,206 12/15/1998
 and is a CIP of 09/586,673 06/01/2000 ABN
 which claims benefit of 60/145,823 07/27/1999
 and is a CIP of 09/586,672 06/01/2000 ABN
 which claims benefit of 60/137,745 06/03/1999
 and is a CIP of 09/414,905 10/08/1999 ABN
 which claims benefit of 60/140,028 06/16/1999

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS ***** *JS. None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/17/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 0	CLAIMS 45	CLAIMS 5
Verified and Acknowledged <i>J. S. Egan</i> Examiner's Signature	Initials				

ADDRESS

26551
HOLLIS-EDEN PHARMACEUTICALS, INC.
4435 EASTGATE MALL
SUITE 400
SAN DIEGO , CA
92121

TITLE

Blood cell deficiency treatment method

FILING FEE RECEIVED 753	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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